

United States Attorney's Office/ District of Columbia

Victim/Witness Assistance Unit

Re: Hijacking of Pan Am Flight #73

| Name: | | | | | | |
|------------|--------------------|--|--|--------------------|--|-------|
| Address: | | | | | | |
| | | | | | | |
| Phone: | | | | | | |
| E-mail Add | lress: | | | | | |
| I wo | ould like to be no | otified of | future case develo | pments (i.e., arro | est, trial, sentencing, | etc.) |
| | | Yes | Circle One: | Mail | E-mail | |
| | | No | | | | |
| Hov | w were you affec | ted? | | | | |
| | | Loss of life. Victim's name: | | | | |
| | | Relat | ionship to victim:_ | | | |
| | | Physi | ically injured. | | | |
| | | Not physically injured but present during event. | | | | |
| | | Othe | r: | | | - |
| | | | ************************************** | | ************************************** | :**** |
| | | Crim | e Victim's Comper | sation. | | |
| | | Coun | seling. | | | |
| | | Othe | r: | | | |
| Mail To: | | | | | | |

United States Attorney's Office

555 Fourth Street, N.W.

Room 1810

Washington, D.C. 20530

U.S.A.